

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN333AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/04/2010
NAME OF PROVIDER OR SUPPLIER PARK PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2305 IVES CT RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>Tag 000</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/4/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 60 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 27. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a survey grade of A.</p> <p>The following deficiency was identified:</p>	Y 000			
Y 255 SS=F	<p>449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service</p> <p>NAC 449.217</p> <p>6. A residential facility with more than 10 residents must:</p> <p>(a) Comply with the standards prescribed in chapter 446 of NAC.</p> <p>(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p>	Y 255			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and record review on 5/4/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings Include:</p> <p>1. Critical Violations:</p> <p>a. Multiple potentially hazardous food stored within the walk-in refrigerator and prepared between 4/29 - 5/3 did not meet the required temperatures: potato salad 44.8 F, milk 46.8 F, caesar dressing 48.1 F, cooked eggplant 47.4 F, sauteed mushrooms 46.8 F, BBQ sauce with beef 47.4 F, gravy 46.9 F.</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. Sanitized pans were found 'wet stacked.'</p> <p>b. Kitchen floors were found soiled with food debris under mounted equipment especially in the dry storage area.</p> <p>3. Maintenance and Equipment Issues:</p> <p>a. The following equipment was household: (3) microwaves and (3) refrigerators/freezers located throughout resident buildings.</p> <p>b. The FRP next to the reach-in freezer was damaged and in disrepair.</p>	Y 255			

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Y 255	Continued From page 2 Severity 2: Scope 3	Y 255			

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